

EXHIBIT 6

Decision(s) Regarding Accommodations Requested

Inquiry Date: May 3, 2011

Mahmood, Maria

USMLE ID#: 5-166-839-0

USMLE Step 2 CK

Declared Disability

Visual Impairment: Visual deficit

Time or Breaks Requested: double time

<i>Code</i>	<i>Accommodation</i>	<i>Requested</i>	<i>Approved</i>
001	extra time	Y	Y
014	visual aids	Y	Y
039	enlarged monitor	Y	X
089	Zoom Text	Y	X

Special Instructions:

Decision Maker

Afzal

Date of Decision

5/13/11



1054658 5-166-839-0
Approval-Decision Letter

National Board of Medical Examiners
3750 Market Street
Philadelphia, PA 19104-3102

215-590-9500 phone
www.nbme.org

-Confidential-

Confirmation of Test Accommodations

May 16, 2011

Maria Mahmood
14717 Exbury Lane
Laurel, MD 20707

RE: USMLE Step 2 CK

USMLE ID#: 5-166-839-0

Dear Ms. Mahmood:

We will provide the following accommodation(s) during the administration of the United States Medical Licensing Examination (USMLE) Step 2 Clinical Knowledge (CK) for which you are currently registered:

- Extended testing time - double time: The exam will be administered over two days. Day one will be 9 hours in length and will include a 15 minute tutorial and 8 blocks with a maximum of 23 questions per block. Day two will be 8 hours and 45 minutes in length and will also include 8 blocks with a maximum of 23 questions per block. You will have up to 60 minutes to complete each block. You may use break time as needed between blocks. You will receive 45 minutes of break time each day, including lunch. If you complete the tutorial or an examination block in less time than allotted, you may add the unused time to your available break time.

- Visual Aids: monocular telescope

- Enlarged Monitor

- Zoom Text

If you are not familiar with Zoom Text, you should download and practice with the software prior to your examination date. Go to <http://www.aisquared.com> to create an account to download trial software.

You will receive an electronic permit which will contain all of the information that you need to schedule your examination. In order to facilitate scheduling your exam, please call Prometric at the number listed on your scheduling permit as soon as you receive it.

You may not change these accommodations at the test center on your scheduled exam day. If you choose not to use these accommodations, please notify USMLE Disability Services immediately for instructions on re-registering for your exam. You may contact USMLE Disability Services by calling 215-590-9700.

Important Information About Requesting Test Accommodations in the Future

If you are requesting the same accommodation(s) previously approved for STEP 1 or STEP 2 CK, print and complete the Form for Requesting Subsequent Test Accommodations found on the NBME website at www.nbme.org. Mail the form to the address indicated on the website at the same time you register for the exam.

If you are requesting a change in accommodations for STEP 1 or STEP 2 CK, follow the instructions for a new request on the NBME website at www.nbme.org.

If you are requesting test accommodations for STEP 3, please note that STEP 3 is administered by the individual medical licensing authorities of the United States and its territories. Contact the Federation of State Medical Boards at (817) 868-4000 or www.fsmb.org for further information.

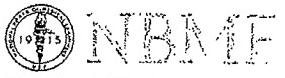
Sincerely,



Catherine Farmer, Psy.D.
Director, Disability Services
ADA Compliance Officer, Testing Programs

CF/jo

Disability Services
215-590-9700
215-590-9422 (Fax)



1054520 5-166-839-0
Acknowledgement Letter

National Board of Medical Examiners
3750 Market Street
Philadelphia, PA 19104-3102

215-590-9500 phone
www.nbme.org

-Confidential-

May 5, 2011

Maria Mahmood
14717 Exbury Lane
Laurel, MD 20707

RE: USMLE Step 2 CK

USMLE ID#: 5-166-839-0

Dear Ms. Mahmood:

The National Board of Medical Examiners (NBME) processes requests for test accommodations on behalf of the United States Medical Licensing Examination (USMLE) program. We have received your request for test accommodations for Step 2 Clinical Knowledge (CK). This letter serves as your acknowledgement that the processing of your request has begun.

We will review your request and will contact you if any additional information is necessary. You can find information about test accommodations on USMLE and guidelines for submitting requests at www.usmle.org. When our review of your request is complete, you will be advised in writing of the decision.

Please note that if your eligibility period begins before a decision regarding your accommodations is made, we will extend your eligibility period for a full three months. You may decline this extension in your eligibility period, by contacting your case coordinator.

To protect your confidentiality, we do not provide information concerning the decision by telephone. However, if you have any other questions, you may call me at (215) 590-9700.

Sincerely,

A handwritten signature in black ink, appearing to read "Joy Orlmann".

Joy Orlmann
Case Coordinator, Disability Services

Disability Services
215-590-9700
215-590-9422 (Fax)

UNITED STATES MEDICAL LICENSING EXAMINATION™ (USMLE™)
Form for Requesting Subsequent Test Accommodations
(Steps 1 and 2 CK only)
Note: Do not use this form for Step 2 CS

I have received test accommodations for a prior USMLE Step and am requesting the previously provided accommodations for the Step noted below. (**Submitting this form constitutes your official notification.** Arrangements will be made once your application is processed.)

I require different accommodations than those previously provided, due to a change in the nature or extent of my disability. (**Submitting this form constitutes your official notification.** We will review your request and advise you in writing of the decision.)

If there has been a change in the nature or extent of your disability please fill out the Step 1 and Step 2 CK Applicant's Request for Test Accommodations and attach documentation supporting the change in accommodations.

Name: MARIA MAHMOOD

Current mailing address: 14717 EXBURY LANE, LAUREL, MD 20707

Daytime telephone number () _____ Email Address:

USMLE ID# 51668390 Social Security or National ID# _____

Requested Examination: Step 1 Step 2 CK Year 2011

Signature Maria Mahmood Date 04/29/2011

DO NOT SUBMIT:

- Original documents; keep the original and submit a copy
- Research articles, resumes, curriculum vitas
- Handwritten letters from physicians or evaluators
- Documentation previously submitted to Disability Services
- Documentation previously submitted to your registration entity
- Previous correspondence from Disability Services
- Multiple copies of documentation (i.e., faxed and mailed copies of a document)
- Staples, clips, binders, page protectors, folders, or similar items

Please note that submitting duplicate documentation and/or bound documentation may delay a decision regarding your request as all documentation must be processed.

Mail or fax this form to:

Testing Coordinator, Disability Services
National Board of Medical Examiners
3750 Market Street
Philadelphia, PA 19104-3190
Fax Number (215) 590-9422
Phone Number (215) 590-9509

RECEIVED

MAY 03 2011

Disability Services

If you fax your form, please be sure to telephone Disability Services to verify receipt.

